

In the Matter of

Toll Free Service Access Codes

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November 20, 2007

BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

WASHINGTON, DC 20554

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Toll Free Service Access Codes

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CC Docket No. 95-155

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
PETITION FOR PERMANENT REASSIGNMENT OF
THREE TOLL FREE SUICIDE PREVENTION HOTLINE NUMBERS**

The U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), through its attorneys and pursuant to sections 47 C.F.R. §1.41 and 47 C.F.R. §52.111 of the Federal Communications Commission (FCC or the "Commission") rules, respectfully requests that the Commission permanently reassign, in a manner that ensures their continuous operation as suicide prevention resources, three toll-free numbers to SAMHSA. These toll-free numbers are used as suicide prevention hotlines (collectively, the "suicide prevention hotlines"): 1-800-SUICIDE (1-800-784-2433), 1-888-SUICIDE (1-888-784-2433), 1-877-SUICIDA (1-877-784-2432).

I. BACKGROUND

On August 25, 2006, HHS filed a letter with the Federal Communications Commission requesting the emergency reassignment of the toll-free number 1-800-SUICIDE to SAMHSA in the event that this toll-free number is placed on disconnect status. On December 12, 2006, SAMHSA filed a petition with the FCC updating and renewing this letter, and, given the circumstances, requesting that the FCC exercise its authority to permanently assign the suicide prevention hotlines to SAMHSA.

On January 22, 2007, the Commission ordered that the suicide prevention hotlines be reassigned to SAMHSA for a period of one year.¹ In that order, the Commission stated “During the duration of this temporary reassignment, we will examine the continued utility and effectiveness of our action to determine whether any extension is warranted or whether we should revisit or modify this reassignment.”²

On February 21, 2007, the Kristin Brooks Hope Center (KBHC), the organization that had been a previous subscriber of record for the toll-free suicide hotlines, filed an application for review of the Commission’s decision assigning the numbers to SAMHSA. On March 8, 2007, SAMHSA filed its opposition to the application for review of the Commission’s decision. In that opposition, SAMHSA: (1) explained the emergency circumstances that prompted SAMHSA’s

¹ See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Order DA 07-130, January 22, 2007, reassigning temporarily three toll-free numbers (1-800-784-2433, 1-888-784-2433, 1-877-2432) to SAMHSA.

² See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Order DA 07-130, January 22, 2007, reassigning temporarily three toll-free numbers (1-800-784-2433, 1-888-784-2433, 1-877-2432) to SAMHSA. See also *Toll Free Services Access*, CC Docket No. 95-155, Order 21 FCC Rcd 9925 (WCB 2006) (assigning permanently 1-800-RED-CROSS and 1-888-RED-CROSS).

petition for reassignment; (2) clarified SAMHSA's relationship with KBHC; (3) noted that KBHC's financial status contributed to the instability of the toll-free numbers; and (4) reiterated SAMHSA's plans to operate the suicide prevention hotlines in the public interest. At this time, SAMHSA reiterates these facts in support of this petition, and offers additional information to establish the public benefit offered by permanently assigning the suicide prevention hotlines to SAMHSA.

Accordingly, SAMHSA respectfully requests that the Commission permanently reassign the suicide prevention hotlines to SAMHSA.

II. SUICIDE PREVENTION HOTLINES ARE A CRITICAL PUBLIC HEALTH RESOURCE

It is estimated that there are more than 500 crisis centers in the United States, exclusive of military and employee assistance programs. Some centers focus on domestic violence or rape crises; others respond to all types of personal and family crises. The primary objective of crisis centers is to defuse the immediate crisis, ensure the caller's safety, and assist the caller in taking the next immediate steps toward resolving the problem. Centers generally maintain databases of crisis, mental health, and social services to which callers can be referred, as needed.

Telephone "hotline" crisis center services, especially those that train their staff in suicide prevention, represent one of many possible effective interventions for suicidality. SAMHSA-funded evaluations of telephone crisis centers indicate that (1) among crisis callers, distress decreases during and after calls, (2) crisis hotlines are reaching seriously suicidal callers; (3)

twelve percent of suicidal callers reported that the call saved their lives, (4) suicidality decreases during calls.³

Although suicide prevention hotlines have existed for more than 40 years, in many areas access to local suicide prevention hotlines is either highly variable or non-existent. National toll-free numbers assure that persons at risk for suicide, wherever they are located, have access to these services.

III. SAMHSA'S OPERATION OF THE TOLL-FREE HOTLINES IS CRITICAL TO ENSURING PUBLIC ACCESS

As a public health agency, SAMHSA's mission is to establish and implement a comprehensive program to improve the provision of treatment and related services to individuals with mental illness and to improve prevention services and promote mental health nationwide.

In February 2007, SAMHSA arranged with Patriot Communications LLC ("Patriot") to provide ongoing service and support for the hotlines, which offer critical crisis counseling services to approximately 20,000 callers per month. SAMHSA arranged for these calls to be forwarded through the National Suicide Prevention Lifeline (the "Lifeline").⁴

The Lifeline is a system of toll-free telephone numbers that routes calls from anywhere in the United States to a network of certified, local crisis centers that can link callers to local emergency, mental health, and social service resources. The Lifeline includes several suicide

³ See John Kalafat, et al., *An Evaluation of Crisis Hotline Outcomes, Part I*, and Madelyn Gould, et al., *An Evaluation of Crisis Hotline Outcomes, Part II*, 37 SUICIDE AND LIFE THREATENING BEHAVIOR No. 3, June 2007.

⁴ The Lifeline was established by SAMHSA and is operated by a grantee according to the terms of a cooperative agreement.

prevention hotline numbers, including 1-800-SUICIDE, that are currently routed through a single network.⁵ In addition to ensuring financial support (i.e., paying the bills to the telephone network provider), since SAMHSA has operated the suicide prevention hotlines, it has taken several steps to ensure stability and enhance access for callers.

By connecting calls to the three suicide prevention hotlines to the Lifeline, SAMHSA was able to assure adequate surge capacity for all of the suicide prevention hotlines to address the possibility of a rapid increase in the volume of calls in the event of emergency broadcasts due to national public health emergencies.

In the past, the Lifeline's surge capacity has been shown to be able to handle hundreds of calls coming into the system within a five minute period. In addition, crisis centers have been able to have rapid access to the administration of the Lifeline if they have needed to make changes in the area codes from which they are receiving calls, or if they required additional backup from other crisis centers in the network. Additionally, conference calls have been held with the networked centers to address their needs in a variety of areas (including, for example a conference call with Virginia crisis centers following the tragedy at Virginia Tech).

In March 2007, SAMHSA announced the availability of federal funds for a Fiscal Year 2007 Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines.⁶ The purpose of this program is to manage, enhance, and strengthen the Lifeline, as a

⁵ One of the toll-free numbers operated by SAMHSA through the Lifeline is 1-800-273-TALK. SAMHSA is the subscriber of record for this number (1-800-273-8255).

⁶ SAMHSA has broad authority to establish and implement a comprehensive program to improve the provision of treatment and related services to individuals with respect to mental illness, and to promote mental health and protect the legal rights of individuals with mental illnesses. These duties are carried out through the funding of grants and contracts to recipients

system of toll-free telephone numbers that routes calls from anywhere in the United States to a network of certified, local crisis centers that can link callers to local emergency, mental health, and social service resources. In July 2007, following an open competitive process, SAMHSA made a five-year award of federal funds to operate the Lifeline, including the suicide prevention hotlines.

If SAMHSA continues to be assigned the suicide prevention hotlines, SAMHSA will maintain the three suicide prevention hotlines in the grant program for certifying, networking, and training suicide prevention hotlines. In doing so, service to the suicide prevention hotlines will be supported, and the numbers used as a public resource. Callers to 1-800-SUICIDE and the other numbers will then directly benefit from Lifeline initiatives, including both technology initiatives such as the availability of caller identification when needed for emergency purposes and a demonstrated surge capacity, as well as programmatic initiatives such as the institution of standards for suicide risk assessment, the availability of support for certification, and the provision of training resources.

It is essential to SAMHSA's ongoing public health mission that the operation of these numbers as suicide prevention hotlines not be interrupted.

Further, in addition to the other services offered to callers to the suicide prevention hotlines, SAMHSA, in partnership with the Department of Veterans Affairs (VA), has initiated a new service intended to assist veterans in crisis, utilizing SAMHSA's Lifeline.

who are selected through a process that complies with federal statutes (e.g., 42 U.S.C. §290aa et seq.), regulations (e.g., 45 C.F.R. part 74), and applicable HHS policies.

Because calls to 1-800-SUICIDE are currently routed through the Lifeline, callers have the option of being automatically connected to a VA crisis center staffed by VA mental health professionals. Back-up capacity is provided by a sub-network of other Lifeline crisis centers. This new service has been offered by SAMHSA and the VA since July 2007. The number of calls for veterans' assistance placed to 1-800-SUICIDE has ranged from 1,700 - 2,000 per month. The remainder of the approximately 4,000 total monthly calls routed to veterans' services originate from other numbers also operated by SAMHSA. In the event that SAMHSA does not continue to operate the 1-800-SUICIDE hotline, SAMHSA will be unable to continue offering this direct, automated service connecting callers to 1-800-SUICIDE with the VA crisis center. Callers to the other SAMHSA-operated Lifeline hotlines will retain access to this service.

IV. EMERGENCY CIRCUMSTANCES PRECIPITATED SAMHSA'S PETITION FOR REASSIGNMENT

On several occasions prior to assuming operational and financial control of the toll-free numbers on August 25, 2006, SAMHSA was advised that service to the numbers would be terminated because of non-payment of past due bills.⁷ On one additional occasion, on November 28, 2006, before the FCC acted to direct the assignment of the numbers to SAMHSA, KBHC and SAMHSA were advised that service to the numbers would be terminated.⁸

⁷ See *Declaration of Dr. Eric Broderick*, filed along with the Supplemental Petition of the U.S. Department of Health and Human Services in Support of Its Request for Reassignment of Toll Free Suicide Prevention Numbers on December 20, 2006.

⁸ November 28, 2006 letter from Lee E. Hejmanowski, Esq. on behalf of Patriot Communications LLC, to SAMHSA.

SAMHSA sought, and was granted, assignment of the suicide prevention hotline numbers due to the public health emergency and risk to the public caused by the imminent disconnection of the toll-free suicide prevention lines controlled by KBHC.

The toll-free hotline number 1-800-SUICIDE routes approximately 20,000 calls per month, each call potentially representing a suicidal or distressed caller. It is uncontested that since SAMHSA has assumed operational and financial control of the numbers, the numbers have been open and available to callers in crisis without risk of interruption.

V. KBHC'S FINANCIAL STATUS AND THE STABILITY OF THE TOLL-FREE SUICIDE PREVENTION HOTLINES

During the period that KBHC operated the suicide prevention hotlines, the numbers were threatened with disconnection on several occasions. Prior filings with the FCC by both AT&T⁹ and Patriot Communications¹⁰ show that KBHC incurred significant debts for unpaid telecommunications bills, jeopardizing service for thousands of callers to the suicide prevention hotlines on more than one occasion.

The risk to public safety posed by KBHC's financial instability was alleviated by SAMHSA's actions in supporting and operating the lines, and by the FCC's action ordering

⁹ See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Ex Parte Communication, Letter filed by AT&T on December 29, 2006 with the FCC, confirming the existence of "non-payment issues."

¹⁰ See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Opposition filed on January 3, 2007 by counsel for Patriot Communications, Inc., enumerating unpaid invoices owed to Patriot Communications by KBHC for telecommunications services in support of the suicide prevention hotlines from the period April 2006 through August 2006.

assignment of the lines to SAMHSA. SAMHSA's support for the lines through permanent reassignment will ensure that this risk to callers is eliminated.

The FCC is not required to wait until the suicide prevention lines are disconnected to act upon the public health threat. Therefore, SAMHSA requests that the suicide prevention lines be reassigned to SAMHSA on a permanent basis.

VI. THE COMMISSION HAS THE AUTHORITY TO ASSIGN THE SUICIDE PREVENTION HOTLINES TO SAMHSA

We understand that the Commission has exclusive authority to assign numbers under the Communications Act and is charged with exercising its jurisdiction to "ensure the efficient, fair, and orderly allocation of toll-free numbers." Although the Commission generally makes toll-free numbers available on a first-come, first-served basis, Commission rules at 47 C.F.R. 52.111 expressly provide that "[t]oll free numbers shall be made available on a first-come, first-served basis unless otherwise directed by the Commission."

The Commission has already held that a deviation from the first-come, first-served rule is warranted to address certain public health crises.¹¹ The Commission has found previously that it has an interest in preserving this public service by ensuring the continuation of the services

¹¹ See, finding by the Commission the in the matter of Toll Free Service Codes, CC Docket No. 96-155, Order, DA 07-130, January 22, 2007, para. 8, "We find that due to the ongoing disputes between the parties involved, the Commission's interest in preserving this public service by ensuring the continuation of the services provided by the suicide prevention hotlines, and the vast number of calls made to them seeking assistance, a deviation from the first-come, first-served rule is warranted in this extraordinary, emergency situation."

provided by the suicide prevention hotlines.¹² The public service need is demonstrated by the vast number of calls made to the suicide prevention lines seeking assistance.

VII. CONCLUSION

SAMHSA's request for permanent reassignment of the suicide prevention hotlines is founded on a commitment to public health, to public access to the suicide prevention hotlines, and to public competition through the grant-making process. Prior to the Commission's intervention, public access to the suicide prevention hotlines, and therefore, public safety, was jeopardized.

Since January 22, 2007, SAMHSA has operated and supported the hotlines pursuant to the Commission's order assigning the suicide prevention hotlines to SAMHSA. Since that time, these three suicide prevention lines have offered uninterrupted service to approximately 20,000 callers per month. SAMHSA anticipates that caller volume on these lines will continue to increase because of increased attention being devoted nationally to suicide prevention, including the launching by SAMHSA in late 2007 of a national public awareness campaign for youth suicide prevention.

¹² See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Order, DA 07-130, January 22, 2007, reassigning temporarily three toll free numbers (1-800-784-2433, 1-888-784-2433, 1-877-2432) to SAMHSA. See also *Toll Free Services Access*, CC Docket No. 95-155, Order 21 FCC Rcd 9925 (WCB 2006) (assigning permanently 1-800-RED-CROSS and 1-888-RED-CROSS).

Without permanent reassignment of the suicide prevention hotlines to SAMHSA, the public health threat that existed in December 2006 could recur. Further, SAMHSA has demonstrated its ability to maintain and enhance access to the suicide prevention lines in the public interest.

Thus, SAMHSA respectfully requests that the Commission permanently reassign the suicide prevention hotlines to SAMHSA at this time.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Hakimian', written over a horizontal line.

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